



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1154599

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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34103

Elevation

776'

Lease

Dearmond Well # M-6

Operator

Kansas Production Inc.

Show location of well in section plat below

Sec. 15 Twp. 34^S Rge. 12^E

County Cheateauqua

Total Depth 665'

Size of hole at bottom 6 3/4"

MILEAGE AND DIRECTION FROM NEAREST TOWN OR HIGH

oz	1/16"	1/8"	1/4"	3/8"	1/2"	3/4"	1"	1 1/4"	1 1/2"	oz	1/16"	1/8"	1/4"	3/8"	1/2"	3/4"	1"	1 1/4"	1 1/2"
10	0.168	0.528	1.66	3.56	6.27	14.2	25.8	43.9	69.6	65	0.428	1.34	4.30	9.10	16.0	36.1	65.8	112	177
12	0.184	0.578	1.85	3.91	6.87	15.5	28.3	48.0	76.2	70	0.444	1.39	4.45	9.45	16.7	37.4	68.3	116	184
14	0.199	0.625	1.99	4.22	7.42	16.8	30.6	51.9	82.3	80	0.479	1.50	4.76	10.10	17.2	40.0	73.1	124	197
16	0.213	0.669	2.13	4.52	7.94	17.9	32.7	55.5	88.0	90	0.507	1.59	5.05	10.70	18.8	42.5	77.5	132	209
18	0.226	0.709	2.26	4.79	8.43	19.0	34.6	58.9	93.3	100	0.533	1.67	5.32	11.30	19.9	44.8	81.6	138	220
20	0.238	0.747	2.37	5.05	8.87	20.0	36.5	62.0	98.5	110	0.558	1.75	5.60	11.90	20.9	47.2	85.9	145	231
22	0.250	0.784	2.49	5.29	9.31	21.0	38.3	65.1	103	120	0.584	1.83	5.86	12.40	21.9	49.3	89.8	152	241
24	0.261	0.818	2.61	5.52	9.72	21.9	40.0	67.9	108	130	0.610	1.91	6.10	12.90	22.8	51.4	93.6	158	251
26	0.272	0.852	2.71	5.76	10.1	22.9	41.6	70.7	112	140	0.632	1.98	6.33	13.40	23.7	53.3	97.3	164	260
28	0.282	0.884	2.81	5.98	10.5	23.8	43.2	73.3	116	150	0.654	2.05	6.55	13.90	24.5	55.2	101.0	170	270
30	0.292	0.915	2.92	6.18	10.9	24.5	44.7	76.0	121	160	2.11	6.72	14.20	25.1	25.1	56.8	103.0	176	278
32	0.302	0.945	3.01	6.39	11.2	25.3	46.2	78.5	124	170	2.18	6.93	14.70	25.8	25.8	58.5	106.0	181	287
34	0.311	0.975	3.11	6.58	11.6	26.1	47.6	80.9	128	180	2.24	7.12	15.10	26.6	26.6	60.2	110.0	186	295
36	0.319	1.00	3.19	6.78	11.9	26.9	48.9	83.3	132	190	2.30	7.32	15.50	27.3	27.3	61.9	113.0	191	303
38	0.329	1.03	3.28	6.96	12.2	27.6	50.3	85.5	136	200	2.36	7.51	15.90	28.0	28.0	63.5	115.0	196	311
40	0.338	1.06	3.37	7.14	12.5	28.3	51.6	87.8	139	220	2.48	7.88	16.70	29.4	29.4	66.6	121.0	206	326
45	0.357	1.12	3.58	7.58	13.3	30.1	54.7	93.1	148	240	2.59	8.22	17.40	30.7	30.7	69.5	126.0	215	341
50	0.377	1.18	3.71	7.98	14.1	31.6	57.7	98.1	156	260	2.69	8.56	18.10	31.9	31.9	72.4	132.0	224	355
55	0.396	1.24	3.95	8.37	14.7	33.2	60.5	103.0	163	280	2.79	8.89	18.80	33.2	33.2	75.1	137.0	233	368
60	0.412	1.29	4.12	8.74	15.4	34.7	63.3	107.0	170	300	2.89	9.20	19.50	34.3	34.3	77.8	141.0	241	381

WELL DRILLERS RECORD BOOK

Driller Lowell Atchison

Drilling Contractor Lamarco Drilling

Date well started 5-13-13 completed 5-14-13

Casing Furnished by OPGV

Casing: Amount 85' 6" Size 8 7/8"

Miss From _____ To _____

Cement Furnished by OPGV Sacks 20

Sample Bags _____

Dozer Hours _____

Rig Time Hrs. _____

	Bit Size	Surface	Production
1st.	<u>12 1/4"</u>	<u>8 7/8"</u>	
2nd	<u>6 3/4"</u>		
3rd			

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
0	2	TOP SOIL	
2	4	Brown Gumbo clay	
4	11	yellow clay	
11	19	soft wet clay	
19	30	clay & river sand	
30	37	soft shale	
37	51	Gumbo shale (wet)	
51	60	River gravel	
60	64	shale	
63	72	shaly shale	
72	95	mf shale w/ sh STRKS	
95	109	shaly sand	
109	116	sand	
116	152	mf shale	
HIT cement 76'			

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
152	158	shaly shale	
158	167	sand	
167	175	shaly sand	
175	182	sand	
182	216	shaly shale	177' wet & injecting water (laminated)
216	230	shale w/ sh STRKS	
230	235	lime shale	w/ sh STRKS
235	240	shale	
240	246	shale	
246	248	lime shale	w/ sh STRKS
248	259	shaly sand	w/ sh STRKS
259	265	sandy shale	(laminated)
265	270	hard sand	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
270	307	MG shale	w/ltm STRKS
307	311	G shale	(mixed)
311	319	MG shale	w/ltm STRKS
319	327	Lime shale	w/sh STRKS (mixed)
327	333	Lime shale	
333	336	Lime shale	w/sh STRKS (mixed)
336	360	Lime shale	
360	387	MG shale	w/ltm STRKS
387	400	sandy shale	w/sh STRKS (laminated)
400	432	sandy shale	
432	521	MG shale	w/ltm STRKS
521	526	shale	STRKS
526	532	shale	
532	553	sandy shale	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
553	584	G shale	w/snd STRKS
584	591	shale	sand
591	600	Tan sand	w/coal STRKS
600	607	oil	odor 591-600
600	607	Tan & Gray sand	
607	612	600-607	Bleeding alot of oil
612	627	sandy shale	Increase saltwater (laminated)
627	630	Lime shale	(mixed) G
630	665'	MG shale	w/ltm STRKS

McCANN FIELD SERVICES
1613 W 6TH St
Bartlesville OK 74006

FIELD WORK TICKET

Lease: Dearmond

Well: M-6

Date: 05/24/2013

Cement to surface

Portland cement 115 sx

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 24, 2013

MARK W McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO1
API 15-019-27305-00-00
DEARMOND M-6
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
MARK W McCANN

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 30, 2013

MARK W McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO-1
API 15-019-27305-00-00
DEARMOND M-6
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

Dear MARK W McCANN:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/13/2013 and the ACO-1 was received on September 24, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department